HEADQUARTERS
UNITED STATES EUORPEAN COMMAND
APO AE 09128-4209

DIRECTIVE
NUMBER 67-2 15 October 1998

HEALTH SERVICE SUPPORT

USEUCOM Patient Movement System

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1. Summary. This directive establishes policy, delineates responsibilities, and provides guidance and procedures concerning the United States European Command's regulating and patient movement system.

2. Applicability. The provisions of USEUCOM ED 67-2 apply to all agencies involved in the coordination or actual movement of patients through the medical regulating and patient movement system.

3. Suggested Improvements. Recommended changes or improvements should be forwarded directly to Director, TPMRC Europe, Unit 7590, APO, AE 09094-7590. Changes to this directive will be coordinated with USAFE and USEUCOM.

4. Internal Controls System. The applicable internal control directive is ED 50-8, Internal Management Control Program.

5. References. See Appendix A

6. Explanation of Terms. See Appendix K

7. Responsibilities. The Commander in Chief, USEUCOM, has primary authority and responsibility for establishing a Theater Patient Movement and Requirements Center (TPMRC) in support of intratheater patient movement. The TPMRC Europe shall coordinate, with supporting resource providers, to identify assets and communicate lift and bed requirements to the appropriate Service Components. COMUSAFE is designated as USCINCEUR's executive agent (EA) for management of all patient regulating and movement matters to, from, and within the USEUCOM AOR, both in peacetime and contingency environments. This function will retain its joint composition.

a. USEUCOM

(1) Assist the TPMRC Europe in coordinating personnel actions for Army and Navy personnel assigned. This also includes Army and Navy personnel augmentation and training

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This Directive Supersedes ED 67-2, dtd 26 Jun 97

specified in USEUCOM plans. USEUCOM will also coordinate Army and Navy Reserve personnel augmentation and training as required.

(2) Identify upcoming U.S. and NATO exercises, which require TPMRC Europe participation to USAFE and ensure TPMRC Europe personnel are involved in all aspects of the planning process.

(3) Act as a point of contact and refer all inquiries from other geographic unified commands on patient regulating and evacuation to the TPMRC Europe, as required.

b. COMUSAFE:

(1) Establish a fully functional TPMRC and act on behalf of USCINCEUR in regards to patient regulating and movement coordination activities within the USEUCOM AOR.

(2) Deploy forward TPMRC Europe elements only after coordination with USCINCEUR.

(3) Support U.S. and NATO exercises requiring simulated or actual patient evacuation support as directed by USCINCEUR.

(4) Schedule and coordinate with U.S. Transportation Command (USTRANSCOM) to support aeromedical evacuation (AE) flights necessary to accomplish the patient regulating and movement mission.

(5) Delegate HQ USAFE/SG responsibilities to reimburse the Defense Business Operations Fund - Transportation (DBOF-T) fund for intratheater missions requiring reimbursement, i.e. C-130 aircraft used in lieu of C-9.

(6) Provide reports of TPMRC Europe activities, upon request, to USCINCEUR.

(7) Provide inputs to USCINCEUR on overall policies, procedures, and guidance for the theater patient movement system, including input to unified or joint operations plans related to patient regulation and movement.

c. Component Commanders:

(1) Ensure submission to TPMRC Europe statistical updates pertaining to medical treatment facility (MTF) medical specialty capabilities, patient movement data, bed status, and other information upon request.

(2) Provide administrative, logistical, and communications support to the TPMRC Europe and deployed elements of the TPMRC established in support of contingency operations and other mission related activities as required. Provide billeting and messing facilities for TPMRC Europe personnel as required.

(3) Submit a semi-annual report (January and July) of in-theater personnel nominated and available for duty as augmentees to the TPMRC Europe as directed within USEUCOM CONPLANS. Provide funding to permit 14 days annual training if requested by TPMRC.

(4) Support the TPMRC Europe with the movement of patients using dedicated (USA/USAF), preplanned and retrograde (USAF), opportune or designated (USN/USMC) airlift, to include the use of ground or waterborne assets.

(5) Provide transportation of patients to aerial ports of embarkation (APOE's).

(6) Maintain necessary authorizations on respective manning documents as indicated in Appendix B to support the TPMRC Europe. These positions will be for the purpose of accomplishing the workload specified in this directive.

(7) Budget for Service specific training requirements for component members of the TPMRC.

(8) Provide personnel for TPMRC Host Nation Liaison Teams IAW USEUCOM OPLANS and CONPLANS when requested by COMUSAFE, or his delegated authority, in writing.

(9) Ensure component Medical Treatment Facilities (MTF's) perform the following:

(a) Report all patients requiring intra or inter-theater medical evacuation prior to mission deadlines as directed by the TPMRC Europe and in accordance with Appendix C.

(b) Ensure patient information reported to the TPMRC Europe is accurate, complete, and conforms to appropriate regulations and policies.

(c) Provide for professional care, sufficient inpatient beds and/or billeting, and messing facilities for medical evacuees until actual departure from the hospital.

(d) Ensure that applicable regulations, directives, and policies are properly followed in the selection, approval, and preparation, and administrative processing of patients recommended for AE.

(e) Provide appropriate care and administrative support for patients who are regulated by the TPMRC Europe for care based upon reported medical capabilities.

(f) Provide appropriate care and administrative support for patients who will remain overnight (RON), scheduled or unscheduled, upon the direction of the TPMRC Europe.

(g) Give priority appointments to SAO personnel and their family members.

(h) Support sending facility personnel to the TPMRC Europe for training upon assignment to AE clerk duties and responsibilities, as necessary.

(10) Provide transportation of patients, as needed, from APOD to MTF.

d. TPMRC Europe:

(1) Operate a medical regulating/clinical validating system for movement of patients through the various echelons of health care support for all patients to, from, and within the USEUCOM AOR.

(2) Develop and recommend to COMUSAFE overall policies, procedures, and guidance for all eligible beneficiaries and other potential users of the theater patient movement system.

(3) In coordination with COMUSAFE, prepare and maintain a TPMRC emergency expansion and contingency plan, which includes establishment and management of forward-based Joint Patient Movement Requirements Centers (JPMRC). Implement policies and procedures to meet the demands of contingency or urgent patient movement situations.

(4) Visit MTFs, medical evacuation/regulating agencies, and component surgeon staffs in liaison status to assist in peacetime, exercise, and contingency plan development.

(5) Upon request, provide operational reports of TPMRC Europe activities upon request to the USEUCOM Surgeon’s Office.

(6) Maintain direct liaison with USTRANSCOM’s Global Patient Movement Requirements Center (GPMRC), the medical regulating elements of component commands, and any other transportation agencies which furnish patient evacuation transportation (e.g. AMOCC or ASCOMED).

(7) Maintain medical specialties and bed status reports indicating the available medical specialties and number of beds available in component MTFs within the USEUCOM AOR.

(8) Provide inputs to the COMUSAFE and USEUCOM Command Surgeon on those portions of unified or joint operations plans related to patient regulation and movement.

(9) Coordinate Security Assistance Office (SAO) personnel appointment requests with appropriate MTFs, as required.

(10) Provide component commands with timely information that will enable them to budget and plan for annual training commitment of augmentees to the TPMRC Europe.

(11) Within capability or as negotiated through specific Command Arrangement Agreements (CAA), support all medical regulating requests received from USCENTCOM.

(12) Budget for operational, and mission essential travel expenses for all personnel performing duties with the TPMRC Europe to include Army and Navy members.

8. Policies.

a. The TPMRC Europe is a Tri-Service Organization and as such, must be staffed by fully qualified personnel from all three Services to function effectively. (See Appendix B)

b. The TPMRC Europe must have access, through dependable and continuous communications, with those organizations actually performing patient movement activities.

c. All U.S. MTFs within the theater are available to the TPMRC Europe for the regulation of patients based on medical capability, regardless of component command, sponsorship, or location.

d. Patients will be moved to a source of care where appropriate treatment can be received, and to promote the optimum utilization of medical resources, including transportation assets.

e. Whenever possible, TPMRC Europe will ensure patients move to the closest military MTF with the right capability and capacity.

f. Direct liaison and communication is authorized and encouraged among component commands, military MTFs, transportation/movement agencies within Europe, and TPMRC Europe to expedite patient regulation and movement.

g. Except for U.S. Armed Forces patients and those otherwise eligible as outlined in Appendices H and I, no person may be provided AE unless there is an emergency involving immediate threat to life, limb, or sight and suitable commercial transportation is neither available, feasible, nor adequate.

h. TPMRC Europe training initiatives must be planned and executed as part of the U.S. European Command Exercise Program and will be fully supported by component commands

9. Procedures.

a. Procedural details necessary to implement the responsibilities and functions outlined in this directive are included in the follow appendices or in the prescribing references identified in Appendix A.

b. Requests for clarification should be forwarded to the Director, TPMRC Europe.

FOR THE COMMANDER IN CHIEF:

OFFICIAL:

DAVID L. BENTON III
Lieutenant General, U.S.A
Chief of Staff

SUSAN M. MEYER
LTC, U.S.A.
Adjutant General

APPENDIXES:
A. REFERENCES
B. TPMRC EUROPE STAFFING
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APPENDIXES (cont)

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Appendix A

REFERENCES

1. JCS Pub 1, Dictionary of United States Military Terms for Joint Usage
2. JCS Pub 2, Unified Action Armed Forces
3. JCS Pub 3, Vol I, Section IV, Joint Logistics Personnel Policy and Guidance (CONFIDENTIAL)
4. JCS Pub 4-02.2 Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations
5. DoD 4515.13R, Air Transportation Eligibility
6. DoDI 6000.11, Medical Regulating
7. DoDD 6000.12, Change 1, Health Services Operations and Readiness
8. AFH 41-114, Military Health Services System (MHSS) Matrix
9. AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)
10. AR 40-2, Army MTF General Administration
11. AR 40-3, Medical, Dental, and Veterinary Care
12. AR 40-20, Evacuation of Patients
13. AFI 41-301/AR 40-535/OPNAVINST 4630.0C/MCO P4630.9A, Worldwide Aeromedical Evacuation
14. AFJI 41-315/AR 40-350/BUMEDINST 6320.1D, Medical Regulating To and Within CONUS
15. FM 8-8/NAVMED P-5047/AFM 160-20, Medical Support in Joint Operations
16. USCINCEUR OPLAN 4233 (SECRET)
17. USCINEUR-USCINCENT Memorandum of Understanding
18. HQ EUCOM Health Care Administrative Handbook for DoD Beneficiaries and Foreign Nationals at U.S. Embassies and Remote Locations
19. USAREUR Reg 40-353, Medical Service Evacuation
20. AMCR 164-1, Worldwide Aeromedical Evacuation
21. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
22. Defense Medical Regulating Information System (DMRIS) User’s Manual OCONUS Peacetime Operations
23. Defense Medical Regulating Information System (DMRIS) User’s Manual OCONUS Contingency Operations

Appendix B

THEATER PATIENT MOVEMENTS REQURIEMENTS CENTER (TPMRC EUROPE)

1. Mission. Provide and monitor theater-wide patient movement support to United States European Command and United States Central Command's area of responsibility and interest.

2. Vision. Provide a 24-hour one-stop patient movement requirements center for routine, priority, and urgent patient movements.

3. Responsibilities.

a. Provides regulating services and clinical validation for patient movement.

b. Coordinates and communicates patient movement requirements to Service Components to execute the mission.

c. Ensures seamless patient movement and provides limited in-transit visibility.

4. TPMRC EUROPE Staffing Plan.

TITLE	SKILL	GRADE	SOURCE	QTY
Director	Any Medical AFSC	O5/O6	AF	1
Medical Plans/Ops	041A4	O4/O3	AF	3
Flight Nurse	X046F1/3	O4/O3	AF	6
Med Svs Mgmt Superintendent	4A071	E7	AF	1
Regulator/Controller/Manifestor	4N071	E6	AF	1
Regulator/Controller/Manifestor	91B	E6	ARMY	1
Regulator/Controller/Manifestor	HM000	E6	NAVY	1
Regulator/Controller/Manifestor	4A051	E5/E4	AF	5
Administrative Assistant	71G	E4	ARMY	1
			TOTAL	20
Flight Surgeon Consultant	048G3	O4/O3	AF	On Call 24 hrs

5. Staffing Philosophy. The above specialty and service mix represents resources currently performing JMRO function along with the portion of the AECC personnel and responsibilities that comprise TPMRC Europe. As the TPMRC concept is refined, adjustments to the current staffing mix may be required.

Appendix C

PEACETIME OPERATIONS

1. Purpose. To establish peacetime procedures for requesting intratheater and intertheater regulating, and subsequent movement of patients in the medical regulating and patient movement system.

2. General Guidelines for Intratheater and Intertheater Patients.

a. The DMRIS is the preferred mode of communication for submission of patient movement requests; however, telephone, message, and facsimile are also acceptable. The TPMRC Europe will regulate patients based upon the information provided through the servicing MTF patient evacuation section.

b. Intratheater. MTFs will report all requests for intratheater medical regulating and patient movement to the TPMRC Europe.

(1) TPMRC Europe will issue cite numbers for inpatient patients requiring intratheater hospital transfer, regardless of the transportation mode.

(2) The sending MTF is responsible to report every inpatient transfer to the TPMRC Europe.

(3) Although the TPMRC Europe assigns hospital destinations for inpatients only, outpatient transfers intended for movement via fixed wing AE aircraft must also be reported to the TPMRC Europe prior to movement.

(4) Sixth fleet afloat commands will furnish required information to the TPMRC Europe in accordance with Annex 1 to this Appendix.

c. Intertheater. Upon receiving a request from a MTF for a patient requiring regulation to a MTF in CONUS, the TPMRC Europe will obtain a cite number and destination MTF from the GPMRC.

d. Unaccompanied minors (under the age of 18), or any non-active duty patient who is not capable of directing his/her own care, must have a DD Form 2239, Consent for Medical Care and Transportation in the Aeromedical Evacuation System or a Power of Attorney (POA). The DD Form 2239 or POA will be filed in the patient's medical records, with a copy attached to the DD Form 602, Patient Evacuation Tag (or equivalent form) and will be annotated with the parent or guardian's address and telephone numbers.

e. Patients under the age of 14 must have an attendant.

3. Specific Procedure for Routine Patients.

a. A routine patient is defined as an individual who should be picked up within 72 hours and moved on regularly scheduled AE flights.

b. Intratheater patient requests for movement must be made not later than 1300 hours (Central European Time (CET)) the duty day (Monday through Friday) prior to the start of the desired mission. To aid in planning, requests should be made as soon as possible but not earlier than seven days prior the date the patient is ready to move.

c. Intertheater requests must reach TPMRC Europe NLT 1300 hours (TPMRC Europe local) 48 duty hours prior to the CONUS mission. Request for movements that will originate in theater prior to this 48 hour period, paragraph 3.b. applies.

(1) GPMRC will regulate the routine patients based on the information provided to the TPMRC Europe by the sending MTF patient evacuation section.

(2) Although suggested, TPMRC Europe MTFs do not need an accepting physician to report patients to CONUS. However, if a specific destination MTF is desired, standard medical regulating requirements must be met; otherwise, an accepting physician and an exception to policy request (Appendix E) may be needed.

(3) It is the responsibility of the originating MTF to identify the preferred mode of transportation for the patient. If a mode other than AE is medically indicated (e.g. ship), it will be the responsibility of the MTF to contact the local installation transportation office (ITO)/transportation management office (TMO) for appropriate instructions and issuance of port call. The TPMRC Europe should be kept informed as to the progress of such movements including departure and arrival dates, points of contact, name of carrier, and any other additional information to enable the patient to be followed administratively during the evacuation.

d. Sixth Fleet afloat commands will furnish required regulating information to the TPMRC Europe in accordance with Annex 1 and 2 to this Appendix.

e. The TPMRC Europe may be contacted as follows.

(1) Electronic Message: TPMRC EUROPE RAMSTEIN AB GE

(2) Telephone:

(a) DSN - 480-8040 (multiple lines on a rotary system); 480-2235; 480-2264

(b) FAX - 480-8045; 480-2345

(c) COMMERCIAL - 49-6371-47-8040

(3) Mailing Address: Director, TPMRC Europe, UNIT 7590, APO AE 09094-7590

(4) Email Address: tpmrc.autodin@ramstein.af.mil

4. <u>Specific Procedures for Urgent/Priority Patients</u>.

a. Urgent patients are defined as those individuals who must be moved immediately to save life, limb, eye sight, or prevent complications of a serious illness. Psychiatric or terminal cases with a limited life expectancy are not considered urgent.

b. Priority patients are defined as those individuals who require prompt medical care and who must be picked up within 24 hours and delivered with the least possible delay.

c. Urgent and priority patients will be reported by the MTF to the TPMRC Europe as soon as possible via telephone for movement. In emergency cases when TPMRC Europe coordination is not used for the actual movement, the sending MTF must report the patient movement to the TPMRC Europe within 24 hours of the move. This includes all patients moved as priority or urgent, or those transported by the Air Surface Coordinating Office Mediterranean or other opportune movement asset.

d. Once the attending physician believes that the patient's condition warrants urgent or priority AE, he/she will obtain (or coordinate for) an accepting physician at the destination MTF. The TPMRC Europe will be contacted via telephone and will coordinate with the on-call Flight Surgeon to validate the urgent/priority request for movement. (Note: The requirement to obtain an accepting physician is <u>not</u> applicable to the physician or senior medical department representative aboard a deployed ship).

5. Regulating/Returning Patients to EUCOM Theater. Requests to transfer a patient, or return a patient not in a recovered status, to the EUCOM theater are forwarded to the TPMRC Europe for theater coordination with the accepting physician.

6. Civilian Hospital Patients. Inpatients originating from European civilian hospitals under the care of a civilian provider must receive an appropriate specialty evaluation at the first U.S. DoD MTF of opportunity after entering the AE system. Primary importance is pre-flight planning and patient screening to prevent unforeseen inflight complications. Application of this policy is especially important for patients with subsequent planned movement to CONUS due to the long over-water legs with no reasonable divert opportunities.

7. Complicated Cases Involving RONs. Attending physicians requesting direct movement to CONUS for complicated cases requiring a RON will arrange for a specialty consultant to examine the patient upon arrival at the RON location. The complicated cases are heavy acuity patients requiring more attention or specialty evaluation not normally provided at a staging facility.

8. Acute Myocardial Infarction Patients. Generally, acute MI patients will not be moved until at least ten days post-MI when competent basic care is available at the originating facility. The risks of imposing the stresses of flight are unwarranted merely to relocate a patient, unless the patient requires necessary treatment and/or procedures that are otherwise unavailable. If moving a patient during the ten day period is justifiable, the move will be executed with all precautions (equipment/qualified Medical Attendants).

Appendix C, Annex 1

MESSAGE REPORTING FORMAT (ROUTINE PATIENTS)

All message requests and phone requests for routine patient reporting and movement are submitted using the following format, (message requests should be sent with a PRIORITY precedence):

FROM: REQUESTING SHIP or SHORE ACTIVITY

TO: TPMRC EUROPE RAMSTEIN AB GE

INFO: (enter appropriate Component Surgeon)
HQ USAFE RAMSTEIN AB GE//SG//
CINCUSAREUR HEIDELBURG GE//AEAMD-PO-O//
CINCUSNAVEUR LONDON UK//022//
SIXTH FLT SURGEON GAETA IT//010//
ASCOMED NAPLES IT//OPS//

SUBJ: REQUEST FOR ROUTINE MEDEVAC ICO THE FOLLOWING PATIENT(S)

A. PATIENT NAME (LAST, FIRST, MI.)

B. SSN/WEIGHT

C. STATUS (NAVY/MARINE CORPS ACTIVE DUTY, OTHER SPECIFY)/RANK

D. PATIENT'S SHIP/SHORE ACTIVITY

E. CLASSIFICATION (LITTER/AMBULATORY)

F. MTF (LOCATION OF PATIENT, POC, TELEPHONE NUMBER)

G. MEDICAL SPECIALTY (MEDICAL, SURGICAL, PSYC)

H. WORDED DIAGNOSIS OR ICD-9 CODE

I. SPECIAL EQUIPMENT REQUIREMENT/PT SUPPLY REQUIREMENTS

J. MEDICAL HISTORY (ANY MEDICAL INFO DEEMED APPROPRIATE - MUST INCLUDE MEDICATIONS, IF NONE SO STATE; SIGNIFICANT PAST MEDICAL HISTORY, IF NONE SO STATE; REASON FOR TRANSFER; AND SPECIFIC MEDICAL HISTORY FOR THIS TRANSFER.)

K. NON-MEDICAL ATTENDANT (IF REQUIRED): (NAME, RANK, AGE, SEX, WEIGHT)

L. PATIENT OR MTF LOCATION (NAME OF LOCATION, TELEPHONE NUMBER, POC)

M. TIME/DATE REQUEST PATIENT PICK-UP

N. MEDICAL ATTENDANT (IF REQUIRED) D-DOC, N-NURSE, T-TECH)
(NAME, RANK, AGE, SEX, WEIGHT)

The TPMRC Europe will assign a destination EUCOM MTF, if needed, and send the requestor both the destination MTF and patient airlift information.

Appendix C, Annex 2

MESSAGE REPORTING FORMAT (URGENT/PRIORITY PATIENTS)

All message requests and phone requests for urgent or priority patients are to be submitted using the following format (message requests should be sent with a PRIORITY precedence) (NOTE: Telephone is the preferred method):

FROM: SHIP or SHORE ACTIVITY

TO: TPMRC EUROPE RAMSTEIN AB GE

INFO: (enter appropriate Component Surgeon)
HQ USAFE RAMSTEIN AB GE//SG//
CINCUSAREUR HEIDELBURG GE//AEAMD-PO-O//
CINCUSNAVEUR LONDON UK//022//
SIXTH FLT SURGEON GAETA IT//010//
ASCOMED NAPLES IT//OPS//

SUBJ: REQUEST FOR URGENT/PRIORITY MEDEVAC ICO THE FOLLOWING PATIENT(S)

A. PATIENT NAME (LAST, FIRST, MI.)
B. SSN/WEIGHT
C. PATIENT (SHIP/SHORE ACTIVITY)
D. CLASSIFICATION (LITTER/AMBULATORY)
E. MTF (LOCATION OF PATIENT AND HOSPITAL POINT OF CONTACT AND PHONE NUMBER)
F. MEDICAL SPECIALTY (MEDICAL, SURGICAL, PSYC, ETC)
G. WORDED DIAGNOSIS OR ICD-9 CODE
H. SPECIAL EQUIPMENT REQUIREMENTS/PTS SUPPLY INFO:
(1) IV SPECIFY TYPE, NUMBER
(2) TRACHEOTOMY (TYPE AND LOCATION)
(3) CAST (TYPE AND LOCATION) (BIVALVE Y/N)
(4) OXYGEN REQUIREMENTS AND AMOUNTS
(5) CARDIAC MONITOR
(6) OTHER
I. MEDICAL HISTORY (MEDICAL INFO DEEMED APPROPRIATE) INCLUDING LAB WORK (H & H)
J. MEDICAL ATTENDANT (IF REQUIRED) (D-DOC, N-NURSE, T-TECH)
(NAME, RANK, AGE, SEX, WEIGHT)
K. NON-MEDICAL ATTENDANT: (NAME, RANK, AGE, WEIGHT)
L. PRECEDENCE (URGENT/PRIORITY)
M. PATIENT'S VITAL SIGNS
N. MEDICATIONS PATIENT RECEIVING
O. IS PT VSI/SI, CONSCIOUS, UNCONSCIOUS
P. IS CABIN ALTITUDE RESTRICTION REQUIRED? IF YES, STATE THE MAXIMUM ALTITUDE IN FEET.
Q. ANY OTHER MED INFO DEEMED APPROPRIATE BY ORIGINATING MEDICAL OFFICER

Note 1. Call when reporting an urgent or priority patient directly to TPMRC Europe who can be reached 24 hours a day by phone DSN 480-2264/2235.

Note 2. The TPMRC Europe will assign a destination EUCOM MTF, if needed, and message the requestor or phone the POC at the shore base MTF with the EUCOM destination MTF and patient airlift details.

Appendix D

MEDICAL AND NON-MEDICAL ATTENDANTS

1. Purpose. To establish criteria for determining the need for a medical or non-medical attendant.

2. Description of Terms.

a. Medical attendants (MAs) are normally Armed Forces medical personnel, although they may be medical personnel of civilian or other government agencies, required to accompany the patient on orders of competent medical authority. MAs are designated because of a patient's physical or mental condition, anticipated treatment required en-route, or the need for special equipment.

b. A non-medical attendant (NMA) normally would be one adult member of the patient's immediate family, although in unusual circumstances the attending physician may designate a non-family member to serve as NMA.

3. Requirements.

a. NMAs must be of legal age (over 18) and completely capable of caring for him or herself; e.g., a sole NMA cannot be a small child or aged invalid.

b. Both Medical Attendants and Non-medical Attendants must be determined necessary for the health and well-being of the patient as stated above. Only one non-medical attendant will be authorized. Exceptions may be authorized by the Director, TPMRC Europe on a case-by-case basis.

c. When the patient is a single parent and it is determined that the child must accompany the patient, the following information must be provided to the TPMRC Europe: name, address, telephone number, and relationship of the family member who will accept the child at destination. In addition, one of the following must be done.

(1) Another individual must be designated as a NMA to accompany and care for the child to the point of destination and must have a power of attorney giving them responsibility for the child until final destination, or

(2) In rare cases, the AE crew may be given a Power of Attorney during flight.

d. MAs and NMAs must accompany the patient from the facility of origin to the final facility of destination. When the need for an attendant has been established, orders directing the attendant to perform necessary travel will cite Joint Federal Travel Regulation (JFTR), Volume 1, Chapter 6, Part I, as authority.

(1) The TPMRC Europe exercises no prerogative as to when an attendant may be designated or who the attendant may be. However, obvious abuses in the assignment of attendants for the sole purpose of providing transportation of an individual, or of evading the transportation priority system will be called to the attention of the responsible commander

(2) If the attending physician feels that an additional NMA is warranted, then submit a letter of justification (LOJ) to the TPMRC Europe. The LOJ must be accomplished by the attending physician and approved by the MTF Commander or Chief of Medical Staff/Deputy Commander for Clinical Services. The LOJ must state why the additional NMA(s)' presence is necessary for the patient's health and welfare, with the understanding that travel orders for these additional NMA(s) will be funded in the same category of movement as the patient.

(3) The JFTR states that a person other than a member or a civilian employee of the U.S. government who is designated as a NMA will be issued invitational travel orders or be included in the same travel authorization (identified as an attendant) that is issued for the patient's travel. Accordingly, attendant(s) will be furnished round trip transportation or be reimbursed for the actual cost thereof. The attendant(s) will be reimbursed for the actual

expense of meals and lodgings (including taxes, tips, and service charges) while traveling and while at the medical facility where the patient is receiving care (not to exceed per diem for the area). This means that NMAs should **not** be traveling in the AE system on 'unfunded' orders. Your finance office or your resource manager should be able to answer specific questions regarding the JFTR.

(4) Alternative solutions for family members' travel may include emergency leave, space available travel, or commercial travel; unit commanders involvement is essential. Advise your base personnel to keep their Family Care Plans up-to-date in case one or both parent/legal guardian becomes suddenly ill or injured.

(5) Exceptions to the rules are sometimes appropriate. We must be cognizant and flexible to deal with a wide range of geographical concerns, issues, and unique individual circumstances to support our theater of operations. The intent is to follow the governing regulations and make exceptions only when clearly indicated.

e. Although non-concurrent NMA travel is generally not authorized, the non-concurrent travel of NMAs who have accompanied storknesting patients will usually be approved for return to their home station, when the patient is required to remain for extended medical care. Requests for the non-concurrent travel of NMAs to join storknesting patients, however, are generally not approved. The Director, TPMRC Europe has final authority to approve or disapprove non-concurrent travel.

Appendix E

REQUEST FOR EXCEPTIONS TO REGULATING POLICY

1. Purpose. To outline procedures for submitting a request for an exception to the DoD policy of regulating patients to the MTF which is closest with the required capability.

2. Criteria. The following criteria are used to determine if an exception to the medical regulating policy will be granted.

a. Continuity of Treatment. Applies when the attending physician deems it medically indicated that the patient be regulated to a specific MTF/physician for follow-up care. The patient must be returning for the same condition as treated previously and, normally, to the same health care provider. Justification must include the date of the last visit or period of hospitalization. Normally treatment must have been within the last 12 months.

b. Teaching Case. Applies when the patient has a condition deemed by the attending physician to have value for educational purposes. This criterion is not meant as a means to supplement formalized teaching programs; rather the nature of the patient's condition could be of an educational interest to another clinical provider or provider staff regardless of teaching hospital affiliation. NOTE: Navy MTFs must also refer to BUMED directives when regulating patients programs/hospitals.

c. Other Clinical Reasons. Applies when the attending physician has determined that, for clinical reasons other than continuity of care or as a teaching case, it is in the patient's best interest to be transferred to a specific MTF and/or treated by a specific physician. The request will not be approved based upon personal desires of the attending physician or the patient, but must be substantiated by objective clinical reasons to support the exception. In essence, the specific care required must be a nature not available at the MTF to which the patient would otherwise be regulated if the exception is not approved. One example would be that the patient requires a specific test, procedure, or evaluation that is not listed among the established medical specialties which MTFs utilize in reporting capability.

d. Board Action. Applies when the patient is being regulated for a service-directed formal Physical Evaluation Board. Justification must include reference (message, letter, memorandum) that directs the patient to a specific MTF to have the board accomplished.

e. Humanitarian. Applies when it is deemed appropriate that special consideration should be given for transfer of a patient to a specific MTF for humanitarian or compassionate reasons. For example, a terminally ill patient or one who will require an extensive period of convalescence and is being transferred to an MTF close to family or residence.

f. Administrative/Other. Applies when special non-clinical/non-humanitarian consideration should be given to regulating a patient to a specific MTF. Generally these patients will be Service-directed, special interest patients and may include certain types of disciplinary cases. If so, justification will include appropriate reference directing the patient to the MTF location.

3. Procedures.

a. An Exception to Policy (ETP) is required in the following cases.

(1) A Will Return (WR) patient is moving beyond the Point of Embarkation (POE);

(2) A Will Not Return (WNR) patient is moving to a facility other than the MTF closest to Place of Residence (POR);

(3) The desired MTF has blocked a specialty service needed for the treatment of a patient. Note: ETP is not required when moving a patient to a civilian facility or when going for an outpatient appointment.

b. Requests for an ETP must be submitted to the TPMRC Europe via the DMRIS, if available, by phone, facsimile or priority message. Before the request is submitted, patient must have an accepting physician at the proposed destination MTF.

c. For intertheater movement requests requiring an ETP, the TPMRC Europe will review the information for completeness and forward to GPMRC for approval. GPMRC will contact the applicable Service consultant, if clinical issues require clarification or additional advice is required. The requesting MTF will be advised of actions taken. If approved, an approval authority number will be issued, along with the proper code identifying the reason for the exception. This number is used when submitting the patient movement request.

Appendix E, Annex 1

FORMATS FOR REQUESTING EXCEPTIONS TO REGULATING POLICY

All message requests for ETP are to be submitted using the following format (message requests should be sent with a PRIORITY precedence):

FROM: ORIGINATING MEDICAL TREATMENT FACILITY
TO: TPMRC EUROPE RAMSTEIN AB GE
CLASSIFICATION
SUBJECT: REQUEST FOR EXCEPTION TO REGULATING POLICY
1. REQUESTING MTF:
2. DATE:
3. PATIENT NAME:
4. SSAN: (Sponsor's SSAN).
5. CATEGORY:
6. GRADE: AGE: SEX:
7. DUTY STATION: (Actual location, not APO/FPO.)
8. MED SPEC 1:
9. DIAG 1: (Include ICD-9 w/plain language diagnoses)
10. MED SPEC 2:
11. DIAG 2:
12. MED SPEC 3:
13. DIAG 3:
14. PLACE OF RESIDENCE: (CONUS city and state for all active duty and family members of active duty.)
15. MTF DESIRED:
16. NAME/PH NUMBER OF ACCEPTING PHYSICIAN:
17. NAME/PH NUMBER OF REQUESTING PHYSICIAN:
18. PATIENT LOCATION IF OTHER THAN ITEM 1:
19. JUSTIFICATION: (WR/WNR) (Explain according to the criteria set forth in Appendix E)

Note 1: All information listed on the message format must be provided. If an item does not apply to a particular patient (e.g., 2nd and 3rd diagnosis or specialty), indicate "none" or "NA".

Note 2: Refer to chapter on "Approval Authority Requests" in the Defense Medical Regulating Information System (DMRIS) User's Manual OCONUS Peacetime Operations for additional guidance.

Appendix F

PEACETIME BED STATUS REPORT

1. Purpose. To establish peacetime bed status reporting procedures for all theater MTFs (except ships) with inpatient capabilities.

2. Responsibilities. This report will be submitted to the TPMRC Europe by message or facsimile to arrive NLT 1200Z the first Monday of each month, unless requested on a more frequent basis by the TPMRC. Information only copies should be sent to component command surgeons and other organizations as appropriate. These figures will reflect the MTF bed status as of 0001Z of the same day.

3. Bed Status Reporting Procedures. MTFs will report the following:

a. Operating beds - current authorized operating beds (=Total Occupied + Total Available).

b. Occupied beds - total number of beds actually occupied by patients.

c. Beds available by service - the number of beds available (not occupied) for receiving patients within each specialty service as follows:

(1) Medical.

(2) Surgical.

(3) Neuropsychiatric.

(4) Pediatrics.

(5) Obstetrics.

(6) Maternity holding beds (stork's nest).

(7) Remarks section. Include any restrictions as well as special and/or new capabilities. If not applicable, indicate N/A, also list ARC/ARS beds as applicable.

Appendix G

PEACETIME QUARTERLY MEDICAL CAPABILITIES REPORT

1. Purpose. To establish peacetime procedures for all theater MTFs (except ships) to confirm available specialties on a quarterly basis.

2. Procedural Guidelines. This report will be submitted to the TPMRC Europe by DMRIS, using the Medical Capabilities Report menu for on-line facilities; otherwise, by message or facsimile, to arrive NLT the 5th calendar day of each quarter (Jan, Apr, Jul, Oct). Information only copies should be sent to component command surgeons and other organizations as appropriate. This information is utilized by the TPMRC Europe to determine the destination MTF for inpatients reported for medical regulating. Use the following guidelines for submission of report.

a. Full capability. The MTF has the ability to provide full range of care normally provided within a particular medical specialty. The TPMRC Europe may regulate patients into any MTF reporting full capability. An accepting physician is not required.

b. Restriction codes (footnotes). A specific limitation that designates the type and/or number of patients the TPMRC Europe may regulate into a particular MTF.

c. Specialty curtailment. When it becomes necessary to block a particular specialty, the MTF will notify the TPMRC Europe immediately. Notification shall include date of curtailment, reason, and expected date of restoration of capability. Any patients already in system will not be diverted.

d. List only the medical capabilities available and omit those capabilities not available at the MTF.

3. Message Format Peacetime Quarterly Medical Capabilities Report

All specialties will be listed on each report using the three letter specialty codes in alphabetical order and plain language name underneath; i.e., SSN-Neurosurgery, SOO- Orthopedic, with the appropriate numbered footnote (restriction code) that applies in the legend.

FROM: REPORTING MTF
TO: TPMRC EUROPE RAMSTEIN AB GE
INFO: CINCUSAREUR HEIDELBURG GE//AEAMD-PO-O// (as appropriate)
CINCUSNAVEUR LONDON UK//022// (as appropriate
HQ USAFE RAMSTEIN AB GE//SG// (as appropriate
UNCLAS
SUBJECT: MTF CURRENT MEDICAL CAPABILITIES
1. THE FOLLOWING REFLECTS OUR CURRENT MEDICAL CAPABILITIES BY SPECIALITY CODE IN ALPHABETICAL ORDER:

4. Restriction Codes for Medical Specialty Capabilities Report..

+ = FULL CAPABILITY	1. NO ELECTIVE SURGERY
- = LIMITED CAPABILITY	2. NO BYPASS PUMP AVAILABLE
M = MALE ONLY	3. LIMITED NUMBER OF PATIENT BEDS
F = FEMALE ONLY	4. NO INPATIENT CARE AVAILABLE
NA = NOT APPLICABLE	5. SHORT-TERM DIALYSIS AVAILABLE
	6. APPOINTMENT REQUIRED FOR ALL OP VISITS
	7. LIMITED PEDS/ADOLESCENT INPATIENT BEDS

Appendix H

MEDICAL EVACUATION OF NON U.S. MILITARY PATIENTS

1. Purpose. To establish procedures for evacuation of non U.S. military patients using U.S. military evacuation assets.

2. Criteria. Emergency lifesaving aeromedical transportation can be provided for non U.S. military patients. The following criteria will be strictly adhered to in determining transportation eligibility.

a. The patient's illness or injury must be an immediate threat to life, limb, or eyesight.

b. The patient is located where medical capabilities for adequate diagnosis and treatment, under generally accepted medical standards, are not available in the immediate geographical area. Transportation will be requested only to the nearest medical facility which can provide necessary medical capability.

c. Suitable commercial transportation is not available. The requestor must ascertain that commercial facilities (charter air ambulance, air taxi, or scheduled air carrier or surface carrier) are unable to provide the necessary transportation.

3. Restriction. AE of non U.S. military patients will not be undertaken based solely on the following.

a. Terminally ill patient.

b. Lack of funds for commercial evacuation.

c. Convenience of the patient or the patient's family.

d. Medical experimentation--unless it is determined by competent medical authority that such experimentation will possibly save life.

4. Approval Authority. The TPMRC Europe prior to reporting the patient for movement must approve all requests for lifesaving transportation. The request to the TPMRC Europe will contain the following information:

a. Name, age, sex, and SSAN of patient.

b. Affiliation of patient.

c. Complete medical diagnosis and prognosis.

d. Name and phone number of attending physician.

e. Name and location of originating hospital.

f. Name and phone number of destination hospital.

g. Name and phone number of receiving physician.

h. A statement that use of commercial transportation facilities has been fully explored and cannot meet the requirements.

i. Name and phone number of person requesting transportation.

j. Billing address (NOTE: bona fide lifesaving missions will not be delayed pending receipt of billing address).

k. Name and phone number of persons responsible for surface ambulance transportation at both origin and destination.

l. Ambulatory or litter.

m. All other data related to the patient's condition that could assist in making decision.

5. Emergency Lifesaving Aeromedical Evacuation

a. U.S. Civilians. The TPMRC Europe is authorized to approve movement of U.S. citizens or medicines/medical equipment for treatment of U.S. citizens, when the TPMRC Europe determines that a life or death emergency exists.

b. Foreign Nationals.

(1) The joint-forces commander has approval authority if the patient's injury or illness is directly related to U.S. Government operations within the area. Otherwise, requests for movement of foreign nationals must be forwarded to the TPMRC Europe through the local diplomatic post and the Department of State (DoS) for a determination of whether movement is in the national interest and a confirmation DoS or other US Government Agencies authority and requirements for placing a request under 31 U.S.C 1535-1536 (reference (jj)). When the critical nature of the patient's illness or injury precludes submission of a request, the TPMRC Europe may approve the movement based on DoS determination of U.S. interests and commitment to reimburse DoD for AE costs. A message shall be sent from the TPMRC Europe to the USTRANSCOM, the GPMRC, and the HQ AMC/SGAR confirming the mission and indicating reimbursement source (other Government Agency, the Military Service, private insurance, etc.).

(2) When USEUCOM component commands are assisting with the movement of foreign nationals under emergency lifesaving conditions, the guidance contained in DOD 4515-13-R, applies.

(3) The following addresses must be included on the message request.

(a) Action Addressees.

SECSTATE WASH DC
SECDEF WASH DC//ISA/HA//
HQ USTRANSCOM SCOTT AFB IL//TCSG/GPMRC//

(b) Information addressees.

TPMRC EUROPE RAMSTEIN AB GE
HQ USAFE RAMSTEIN GE//SG//

(4) Fiscal responsibility for medical treatment, transportation, and other costs incurred within the U.S. European Command is the sole responsibility of the host government (or agent thereof). Any difficulties experienced in obtaining reimbursement should be referred to the nearest foreign service post for assistance.

6. Other Than Lifesaving Conditions.

a. When the head of a Government executive department or agency requests transportation for a foreign national, aeromedical transportation may be provided within the USEUCOM and from the USEUCOM to a CONUS hospital under other than lifesaving conditions--provided the department/agency certifies the following.

(1) Transportation is in the U.S. national interest; and

(2) Commercial transportation is neither available nor capable of meeting the requirement.

This transportation must be recommended by the TPMRC Europe and authorized by HQ USTRANSCOM SCOTT AFB IL//GPMRC//.

b. One member of the immediate family may accompany a patient as a nonmedical attendant when competent medical authority determines that a family member's presence is essential to the patient's mental or physical well-being.

c. The sponsoring authority's request must indicate the agency or individual responsible for reimbursement and provide a specific name and address for direct billing.

d. The message request for movement must contain the action and information addressees outlines in above paragraph.

7. Points of Contact For Coordinating Requests. Key organizations involved in the AE of non U.S. military patients can be contacted as follows.

a. TPMRC EUROPE:

(1) Electronic Message: TPMRC EUROPE RAMSTEIN AB GE

(2) Telephone:

(a) DSN - 480-8040

(b) FAX - 480-8045 COMM: 49-6371-47-8045

(c) Commercial Germany - 49-6371-47-8040/41/42/43

(3) Mailing Address: Director, TPMRC Europe
UNIT 7590, APO AE 09094-7590

b. Other key organizations:

HQ USAFE/SG:	480-6756/6983/7670
HQ AMC:	312-576-6098/5741/2306
GPMRC:	312-576-6241

8. Processing Approved Requests. Once approval for medical evacuation has been received, the patient movement request (urgent, priority, or routine) will be submitted to the TPMRC Europe.

9. Merchant Marine Personnel.

a. Merchant Marines' medical evacuation requests must be processed through Military Sealift Command (MSC), Bayonne, NJ, prior to being reported for movement to the TPMRC Europe at Ramstein AB GE. MSC will provide fund cite and destination of movement for Merchant Marine Personnel. (Talk to Med force CMDR/MSC).

b. MSC, Bayonne, NJ, may be contacted as follows.

(1) Electronic message: MSC BAYONNE NJ

(2) Telephone: DSN - 312-247-6922 ext 7210/7220; Commercial - 201-83-6922

10. United States Public Health Service (USPHS) Beneficiaries. The following categories of USPHS patients are authorized aeromedical transportation to CONUS.

a. Commissioned officers of the USPHS and the National Oceanic and Atmospheric Administration.

b. Beneficiaries of the PHS Division of Indian Health, provided USPHS has issued prior authority for their movement.

c. Civilian seaman in the service of ships operated by the Military Sealift Command (MSC) with reimbursement by MSC at the U.S. Government rate.

11. Other U.S. Government- Sponsored Employees. A Government employee authorized Government transportation entitlements and classified as a patient may be provided aeromedical transportation from overseas to a CONUS hospital or between medical facilities overseas. Reimbursement will be made by the employee's agency.

Appendix I

MEDICAL EVACUATION OF DOD CIVILIAN OR OTHER GOVERNMENT SPONSORED PATIENTS TO CONUS HOSPITALS

1. Purpose. To establish procedures for evacuation of eligible civilian patients to a CONUS civilian hospital for treatment.

2. Eligibility. This chapter applies to civilian patients who are eligible for treatment in an overseas MTF. For all other civilian patients not otherwise eligible refer to Appendix H, concerning medical evacuation of Non U.S. Military Patients.

3. Policy. Routine patient information (see Appendix C) is required to transfer a patient to a CONUS civilian hospital.

a. Routine Patients. . Neither the TPMRC nor the GPMRC can designate a destination MTF for civilian patients. For inpatients and outpatients, the following information will be required when submitting the patient movement request: the desired destination, an accepting physician name, phone number, and the mode of ground transportation at the destination (e.g., ambulance, rental car, family members will provide transportation (give name, address and phone number of family member(s)). Also, provide the POC name and phone number of any ambulance company providing transport. The reporting MTF is responsible for arranging the patient's acceptance with the destination ground transportation company, civilian hospital, and accepting physician. Lastly, the billing agency or insurance company information should be included with the movement request.

b. Urgent/Priority Patients. The same information as indicated for a routine patient is required for urgent or priority movement requests. Provide all pertinent information to the TPMRC Europe; either telephonically, facsimile, or by electronic message.

c. Reimbursement. Billing agency or insurance company information should be included in blocks 98-108 of the DMRIS PMR. MTFs without DMRIS will forward the following information with the PMR.

(1) Patient's billing agency/insurance company, complete address, phone number, POC.

(2) Policy number, holder's name and SSAN, and relationship to patient.

(3) Patient's DOB

(4) Work related (Y/N)

Appendix J

CONTINGENCY OPERATIONS

1. Purpose. The objective of this appendix is to provide all theater fourth echelon capable MTF's and Medical Regulating Officers of Medical Brigades/Groups with background information on wartime/contingency operations of medical regulating. Additionally, provide a uniform format to promote rapid efficient regulating/evacuation of patients from the combat zone to the communications zone, within the communications zone, and to CONUS. Provides Bed Status/Medical Specialty reporting procedures during contingencies.

2. General Information. The TPMRC Europe is normally co-located with the controlling elements of both airlift resources Airlift Control Center (ALCC) and the AE system assets to facilitate necessary coordination. A Joint Patient Movement Requirements Center (JPMRC) may also be established in other areas as the situation dictates or as directed by COMUSAFE .

a. Primarily serve as matchmakers, regulating patients to the closest hospital that offers required medical capability, in and out of the EUCOM AOR.

b. Coordinates patient evacuation from the USEUCOM AOR to CONUS with the GPMRC located at Scott AFB, IL.

c. The TPMRC Europe possesses no transportation assets and is not responsible for actually moving patients; however, the TPMRC Europe does maintain close liaison with all transportation agencies for the movement of patients using dedicated (USA/USAF), preplanned and retrograde (USAF), opportune or designated (USN/USMC) airlift, to include the use of ground or waterborne assets.

3. Criteria. Patients are reported from the JPMRC to the TPMRC Europe for regulating to USEUCOM MTFs outside of the designate Joint Task Force area of operations. Contingency and peacetime patients from USEUCOM MTFs to intratheater and CONUS locations will always be regulated by the TPMRC Europe using the Peacetime Operations mode of DMRIS until such time as the number of patients regulated exceeds staffing and automation capacities. The Director, TPMRC Europe in coordination with the COMUSAFE/USEUCOM Command Surgeon will initiate the changeover to either the abbreviated Peacetime mode or Wartime/Contingency mode as appropriate when these thresholds are met.

4. Responsibilities. The TPMRC Europe is under the command and control of COMUSAFE and is responsible for establishing and monitoring of the patient movements system on behalf of USCINCEUR. During wartime, the TPMRC Europe regulates all patients into and within Communications Zone Hospitals.

a. In addition to managing the USEUCOM patient movement requirements system, the TPMRC Europe also provides regulating support to the U.S. Central Command, until such time as USCINCCENT establishes a CENTCOM TPMRC.

b. Maintains statistical data for our reporting requirements.

c. For patients who cannot be returned to duty within the theater evacuation policy, the TPMRC Europe requests CONUS bed designations from GPMRC. The destination hospital in CONUS is provided to the requesting USEUCOM hospital through the TPMRC Europe at Ramstein. Strategic patient movement requirements are passed to the AECC and the Air Mobility Element to effect patient movement.

d. To expedite the return of US patients to US control, liaison teams will be established in key locations with the host nations IAW bilateral host nation support agreements. When a US patient is admitted to an allied hospital, these teams will facilitate the transfer of the patient to the US hospital system, as soon as the condition

permits, and patient regulating and evacuation can be arranged. The process will work in reverse for allied patients admitted to US hospitals.

5. Reporting Formats. Patient regulating report formats have been established to provide pertinent patient information, which is directly determined by daily patient regulating requirements.

a. All patient movement requests will be submitted to the TPMRC using the DMRIS, or by facsimile, telephone, or message. Upon direction of the Director, TPMRC Europe, an abbreviated DMRIS reporting format will be accomplished using the DMRIS abbreviated 13 data fields for patient evacuation to CONUS and the abbreviated 10 fields for evacuation within the EUCOM AOR (Appendix J Annex 1).

b. The peacetime DMRIS, in a normal operational mode or abbreviated mode, will be the primary reporting means for the movement requests to, from, and within the USEUCOM AOR. Should DMRIS not be available then the same information should be sent to the TPMRC via facsimile, telephone, or message.

c. In the event the number of patients regulated exceeds staffing and automation capacities of peacetime DMRIS, the Director, TPMRC Europe will initiate the switch to Contingency Reporting. Upon switching to the Contingency Mode of reporting, either the Voice Template Format or Message Format will be used for "Contingency Reporting" in the event DMRIS is not available. This report format is used only when the voice template format is not available or at the direction of the TPMRC Europe. The Medical Regulating Report provides a joint message format that can be used by subordinates in a joint command. It reports MTF bed availability status and identifies patients requiring evacuation to another facility.

6. Bed Availability Reporting. All USEUCOM MTF's will be required to report their Bed Availability and MTF Status to the TPMRC Europe daily prior to 0500 Zulu using the voice template or priority message format. Facilities will report this data via the following modes in the precedence listed:

a. DMRIS Contingency Mode. Follow instructions outlined in the DMRIS Contingency Manual.

b. Voice Template (DMRIS not available). (Annex 2) Accurately and completely complete the template then contact the TPMRC Europe. Inform the Regulator you will be using the Bed Availability Voice Template and follow the verbal instructions of the Regulator.

c. Message (Only when unable to use the voice template or at the direction of the TPMRC Europe). (Annex 3) Send using PRIORITY message classification to TPMRC EUROPE RAMSTEIN AB GE.

7. Bed Requests. A request for beds (Bed Request Report) is originated by the MTF. This request is usually based upon the inability of the MTF to provide the type of care required by a patient, the patient no longer needs the bed, or by the need for additional bed space due to ongoing combat operations. Facilities will report this data via the following modes in the precedence listed:

a. DMRIS Contingency Mode. Follow instructions outlined in the DMRIS Contingency Manual.

b. Voice Template (DMRIS not available). (Annex 4) Accurately and completely complete the template then contact the TPMRC Europe. Inform the Regulator you will be using the Bed Availability Voice Template and follow the verbal instructions of the Regulator.

c. Message (Only when unable to use the voice template or at the direction of the TPMRC Europe). (Annex 5) Send using PRIORITY message classification to TPMRC EUROPE RAMSTEIN AB GE.

Appendix J, Annex 1

ABBREVIATED DMRIS AEROMEDICAL EVACUATION REQUEST
USE FOR REQUESTING INTERTHEATER MOVEMENTS (THIRTEEN FIELDS)

NO	FIELD	ITEM
(1)	1	PATIENT'S NAME (Last, First, MI)
(2)	2	SSAN:
(3)	4	STATUS
(4)	11	POR: (PLACE OF RESIDENCE)
(5)	14	REASON REGULATED: (SHOULD CORRESPOND TO POR)
(6)	16	CLASSIFICATION
(7)	23	MTF ORIGINATION
(8)	25	MTF DESTINATION
(9)	27	MED SPEC 1
(10)	28	DIAG 1: (ICD-9 CODE)
(11)	34-36	SPECIAL EQUIPMENT (INDICATE WHICH EQUIPMENT)
(12)	47	SUPPLEMENTAL INFO:
(13)	65	HISTORY: (BRIEF)

ABBREVIATED DMRIS AEROMEDICAL EVACUATION REQUEST
USE FOR REQUESTING INTRATHEATER MOVEMENTS (TEN FIELDS)

NO	FIELD	ITEM
(1)	1	PATIENT'S NAME (Last, First, MI)
(2)	2	SSAN
(3)	4	STATUS
(4)	11	POR
(5)	16	CLASSIFICATION
(6)	23	MTF ORIGINATION
(7)	25	MTF DESTINATION
(8)	27	MED SPEC 1:
(9)	28	DIAG 1: (ICD-9)
(10)	33-46	SPEC EQUIPMENT: (INDICATE WHICH IS APPLICABLE)

Appendix J, Annex 2

VOICE TEMPLATE - CONTINGENCY BED AVAILABILITY/MTF STATUS REPORT

UNCLASSIFIED

BED AVAILABILITY AND ELEMENT STATUS

AS OF _____ (Day-time-group of this request)

Element _____ (Name or designator of the reporting MTF)

(Report the number of beds operational and in selected surgical specialties.)

TOTAL OPERATIONAL _____ (Total number of beds that are operational)

MEDICAL OPERATIONAL _____ (Number of medical (MM) beds operational)

PSYCHIATRIC OPERATIONAL _____ (Number of psychiatric (MP) beds operational)

GENERAL SURGERY OPERATIONAL _____ (Number of general surgery (SS) beds operational)

ORTHOPEDIC OPERATIONAL _____ (Number of orthopedic (SO) beds operational)

BURN OPERATIONAL _____ (Number of burn (SB) beds operational)

PEDIATRIC OPERATIONAL _____ (Number of pediatric (MC) beds operational)

SPINAL CORD OPERATIONAL _____ (Number of spinal cord injury (SCI) beds operational)

OB/GYN OPERATIONAL _____ (Number of OB/GYN (SG) beds operational)

UROLOGY OPERATIONAL _____ (Number of urology (SSU) beds operational)

(Report the number of beds operational in selected surgical sub-specialties. **These numbers are included in (SS) above.)**

NEUROSURGERY OPERATIONAL _____ (Number of neurosurgery (SSN) beds operational)

MAXILLOFACIAL OPERATIONAL _____ (Number of maxillofacial (SSM) beds operational)

OPHTHALMOLOGY OPERATIONAL _____ (Number of ophthalmology (SSO) beds operational)
THORACIC OPERATIONAL _____ (Number of thoracic (SSC) beds operational)

(Report the number of beds available for patients at the reporting MTF)

TOTAL AVAILABLE _____ (Total number of beds that are available)

MEDICAL AVAILABLE _____ (Number of medical (MM) beds available)

PSYCHIATRIC AVAILABLE _____ (Number of psychiatric (MP) beds available)

GENERAL SURGERY AVAILABLE _____ (Number of general surgery (SS) beds available)

ORTHOPEDIC AVAILABLE _____ (Number of orthopedic (SO) beds available)

BURN AVAILABLE _____ (Number of burn (SB) beds available)

SPINAL CORD AVAILABLE _____ (Number of spinal cord injury (SC) beds available)

OB/GYN AVAILABLE _____ (Number of OB/GYN (SG) beds available)

PEDIATRIC AVAILABLE _____ (Number of Pediatric (MC) beds available)

UROLOGY AVAILABLE _____ (Number of urology (SSU) beds available)

NEUROSURGERY AVAILABLE _____ (Number of neurology (SSN) beds available)

MAXILLOFACIAL AVAILABLE _____ (Number of maxillofacial (SSM) beds available)

OPHTHALMOLOGY AVAILABLE _____ (Number of ophthalmology (SSO) beds available)

THORACIC AVAILABLE _____ (Number of thoracic (SSC) beds available)

(Provide additional information concerning medical treatment facility status, workload, and other amplifying data.)

SUITES _____ (Number of operating suites which are operational)

BACKLOG _____ (Number of hours of surgical backlog)

OVERFLOW _____ (Number of overflow/holding beds available)

NARRATIVE _____

_____

TIME _____ (Message date time group when required)

AUTHENTICATION IS _____ (Message authentication IAW JTF procedures)

Appendix J, Annex 3

MESSAGE FORMAT - CONTINGENCY/WARTIME BED AVAILABILITY/MTF STATUS REPORT

FROM: (sender's message address)

TO: TPMRC EUROPE RAMSTEIN AB GE

INFO: (as directed)

UNCLAS

SUBJ: MEDICAL REGULATING REPORT BED AVAILABILITY AND MTF STATUS UPDATE AS OF 2400 HRS (DATE OF REPORT)

A. OPERATIONAL BEDS:

MTF IDENTIFIER	MM	MP	SS	SO	SB	SC	SG	MC	TOT
01/ (DMRIS ID eg A5040)									
02/ (use for reporting additional MTFs)									
03/									

MTF ID	SSU	SSN	SSM	SSO	SSC	TOT
01/						
02/						
03/						

B. AVAILABLE BEDS:

MTF IDENTIFIER	MM	MP	SS	SO	SB	SC	SG	MC	TOT
01/ (DMRIS ID eg A5040)									
02/ (use for reporting additional MTFs)									

MTF ID	SSU	SSN	SSM	SSO	SSC	TOT
01/						
02/						

C. MTF STATUS:

MTF IDENTIFIER	OPER SUITES OPERATIONAL	HOURS OF SURGICAL BACKLOG	OVERFLOW/HOLDING BEDS AVAILABLE
01/ (DMRIS ID eg A5040)			
02/ (use for reporting additional MTFs)			

Appendix J, Annex 4

VOICE TEMPLATE CONTINGENCY/WARTIME BED REQUEST

UNCLASSIFIED

BED REQUEST

AS OF _____ (date time group of this request)

REQUESTOR _____ (name or designator of requesting element with patients requiring beds)

LOCATION _____ (location of requesting facility in LAT/LONG, UTM, or place name. Report only on first report or upon relocation).

PATIENTS _____ HYPHEN _____ TOTAL PTS _____
(Total number of litter first blank, ambulatory second blank, and all after total. Patients in all medical specialties requiring beds.)

(MM) MEDICAL _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(MP) PSYCH _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(SS) SURGERY _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(SO) ORTHOPEDIC _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(SB) BURN _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(SC) SPINAL CORD _____ HYPHEN_____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(SG) OB/GYN _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(MC) PEDIATRICS _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(SSU) UROLOGY _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

(Report the number of patients requiring beds in selected surgical sub-specialties and may be repeated as a group. These numbers are included in (SS) Surgery above.)

NEUROLOGY (SSN) _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

MAXILLO (SSM) _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

OPHTHAL (SSO) _____ HYPHEN _____ TOTAL_____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

THORACIC (SSC) _____ HYPHEN _____ TOTAL _____
(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

SPECIAL CAT _____ _____
(Number of special category patients (other than active duty U.S. armed forces) requiring beds, by medical specialty category)

(The following may be repeated as a group to identify patient pickup location and time available for movement when more than one location and/or time is involved.)

PICKUP LOCATION _____ (Patient pickup location in LAT/LONG, UTM, or place name)

(OR) ONLOAD _____ HYPHEN_____ TOTAL PATIENTS_____

(Number of litter first blank, ambulatory second, and total number of patients requiring medical beds)

TIME _____ (Date-time-group (day, time, time zone, month, year for when patients will be available for evacuation; use zone ZULU unless otherwise specified)

EQUIPMENT (Special medical equipment required_____

_____

NARRATIVE _____

_____

Appendix J, Annex 5

MESSAGE FORMAT - CONTINGENCY/WARTIME BED REQUEST

FROM: (sender's message address)

TO: TPMRC EUROPE RAMSTEIN AB GE

INFO: (as directed)

UNCLAS

SUBJ: MEDICAL REGULATING REPORT BED REQUEST

A. REQUESTING MTF/(MTF identifier, DMRIS ID (eg A5040)):

1. PATIENT TYPE

(enter patient totals by medical specialty and litter vs ambulatory)

TYPE	MM	MP	SS	SO	SB	SC	SG	MC	SSU	SSN	SSM	SSO	SSC	TOT
TOT														
AMB														
LIT														

2. PICKUP LOCATION: Enter your facility code or field name for location to pickup patient(s)

(enter total patients for this location and movement available date)

TOT	AMB	LIT	EVAC AVAIL DATE

B. REQUESTING MTF/(MTF identifier, DMRIS ID (eg A5040))

(Repeat format from A. as necessary for multiple MTF requests on same report)

C. GRAND TOTAL

(Grand total for this report - add total lines from individual requests above)

TYPE	MM	MP	SS	SO	SB	SC	SG	MC	SSU	SSN	SSM	SSO	SSC	TOT
TOT														

APPENDIX K

EXPLANATION OF TERMS

Add-on Patient. Patient submitted and approved by FCC for routine patient movement through the AE system after mission scheduling deadlines.

Administrative validation. The process which verifies patient eligibility, the accuracy of patient demographics, medical diagnostic coding, and adherence to USAFE, EUCOM and Department of Defense policies.

AE. Aeromedical Evacuation. The movement of patients under medical supervision to and between medical treatment facilities by air transportation.

AECC - Aeromedical Evacuation Coordination Center. The theater coordination center for all activities related to AE operations execution. The AECC, working with the Airlift Operations Center (AOC), conducts the overall planning, scheduling, coordinating, directing and medical management of theater AE. Coordinates intertheater AE support requirements with the Tanker Airlift Control Center through the Air Mobility Element. Certain functions of the AECC are an integral portion of the TPMRC.

Aeromedical Staging Facility (ASF). A medical facility (normally 50 to 250 beds) located on or near an air base or airstrip to receive, administratively support, process, transport (on the ground), feed, and provide limited health care for patients entering, in the midst of, or leaving an AE system.

AELT. Six person element which provides a direct communication link and immediate coordination between the user service; originating the requirements for AE and the AECC.

AFSC. Air Force Specialty Code - Numerical code the military occupation (job title) of Air Force personnel.

ALCC. Airlift Coordination Cell.

AOR . Area of Responsibility.

Armed Forces Patient. see U.S. Armed Forces Patient.

ASCOMED. Air Surface Coordinating Office Mediterranean.

Cite Number. A numeric or alpha-numeric designator given to patient movement requests to a medical facility with appropriate specialties and bedspace.

Clinical Validation. The process which verifies the patient is medically stable to withstand flight. This verification occurs through the medical information detailed in the history, medication, and special equipment sections of the DMRIS record.

COMMZ. Communications Zone.

Competent Medical Authority. A military, civilian, or contract physician of the Department of Defense, the USCG, the USPHS, or Department of Veterans Affairs. This individual has the responsibility to provide or arrange the necessary medical care of a patient and attest to the medical need to move a patient through AE.

CONUS. Continental United States.

Destination Medical Facility. Medical facility to which the patient has been regulated and is being transferred.

Diversions. The decision to reroute aircraft, usually to pick-up priority or urgent patients.

DMRIS. Defense Medical Regulating Information System - A computerized system for managing the medical regulating and patient movement system.

ETP. Exception to Policy (formerly Overflight Approval) - Approval obtained by the originating military medical treatment facility to allow a patient to go to a specific destination hospital other than one which would normally be designated. (See Appendix E)

Flight Surgeon. Qualified flight surgeon augmenting the AE crew in order to increase crew capabilities.

Flight Nurse. A Nurse Corps officer who has completed a recognized course of study in aerospace nursing, and appears on aeronautical orders as a flight nurse.

GPMRC - Global Patient Movement Requirements Center. Single manager for the strategic and CONUS regulation and movement of uniformed services patients. Communicates intertheater and CONUS patient movement requirements to service components, who execute the mission.

Intertheater. Between two or more theaters of operations (i.e., Europe and the U.S.)

Intratheater. Within a theater of operations (i.e., Europe).

JCS. Joint Chiefs of Staff.

MA. Medical Attendant - A medical or ancillary medical person, military or civilian, who is qualified and/or authorized to participate in AE missions.

Manifesting. The activity of listing patients scheduled for pick-up, and routing of aircraft in concert with the airlift assets.

MASF - Mobile Aeromedical Staging Facility – This facility is a mobile tented temporary staging facility. Each unit can process 50 patients at a time, up to 200 per day. Has an emergency surge capability of 300 patients per day, processed 50 patients at a time. Patients are held 2-6 hours. Patients are not intended to stay overnight.

MEDEVAC. Medical Evacuation - The movement of patients under medical supervision to and between medical treatment facilities by any available transportation means.

Medical Regulating. System of reporting, coordinating, and processing requests for patient movement from one medical treatment facility to another.

Mission planning. The process of determining the priority of patient pick-up, and routing of aircraft in concert with the airlift assets.

MEDREGREP. Medical Regulating Report.

MMTF. Military Medical Treatment Facility (normally includes U.S. Navy ships)

MOS. Military Occupational Specialty - An alpha and/or numeric code identifying the military occupation (job title) of Army or Marine Corps personnel.

MTF. Medical Treatment Facility.

NEC. Naval Enlisted Classification - A numeric code identifying the military occupation (job title) of Navy enlisted personnel.

Nonmedical Attendant (NMA). A person authorized to accompany a patient on an AE mission, based on the recommendation by the patient's attending physician that the NMA's presence is essential to the welfare of the patient, and approved by the commander or director of the patient's medical treatment facility.

Open Regulate. The process where GPMRC/TPMRC determines patient destination based solely on MMTF capabilities without the original MMTF making arrangements with destination MMTF for patient acceptance.

OPLAN. Operations Plan.

Originating Medical Facility. Medical facility that initially transfers a patient to another medical facility.

Patient Movement Precedence. Classification for patient movement as determined by the seriousness of the medical condition. U-urgent patient must be moved as soon as possible. P- priority patient must be moved within 24 hours. R-routine patient should be moved within 72 hours.

POR. Duty Station in OCONUS or Place of Residence in CONUS (this may differ from home of record).

Recovered Patient. A person discharged or returning from medical treatment who is authorized to travel on DoD owned or controlled aircraft.

RON Facility. Remain Overnight Facility - Military medical treatment facility designated to hold patients requiring further AE movement. Patients usually remain overnight awaiting the next scheduled flight.

SAO. Security Assistance Organization - Organizational elements located in a foreign country with assigned responsibilities for carrying out security assistance management functions.

Secretarial Designee. A person not normally a DoD healthcare beneficiary, who is designated a Military Department healthcare beneficiary by the Secretary of Defense or the Secretary of the Military Department concerned. AE shall not be provided unless specifically authorized the designation document states that the sponsoring Secretary shall reimburse the AMC for AE costs.

SI. Seriously Ill.

SUMTOT. Sum Total.

TACC - Tanker/Airlift Control Center. HQ AMC, Scott AFB, Illinois. Responsible for operational control and mission oversight of all intertheater AE missions and intratheater AE missions utilizing strategic airlift assets.

Theater Aeromedical Evacuation System - The deployed elements of tactical AE units that provide theater AE during an exercise or contingency operation. A TAES includes:

- At least one AE command and control center element.

- An AE coordination center.
- One mobile aeromedical staging facility.
- One liaison team.

TPMRC - Theater Patient Movement Requirements Center: The TPMRC provides medical regulating services including clinical validation, limited patient ITV and patient movement planning within the theater. The TPMRC communicates patient movement requirements to the Service components who are responsible for executing the mission.

U.S. Armed Forces Patient. Any of the following when classified as an inpatient or outpatient by competent medical authority.

a. An active duty or eligible retired member of a service department or the U.S. Coast Guard.

b. A family member of a member of a service department or the U.S. Coast Guard on active duty or member deceased while on active duty, or a family member of a retired or deceased retired member of a service department or the U.S. Coast Guard who is authorized medical care under the provisions of AFR 168-6/AR 40-121/SECNAVINST 6320l.8/PHS Gen Cir No. 6/CG COMDTINST 6320.2B/ESSA CO-4.

c. A U.S. civilian employee of the DoD or the U.S. Coast Guard or their lawful family member when stationed outside the CONUS.

d. A third country citizen who is a career employee of the U.S. DoD and is working in a country of which he or she is not a citizen or his or her legal family member. Travel authorization must certify status of a third country citizen career employee.

TRAC2ES. TRANSCOM's Regulating and Command and Control Evacuation System. A decision support prototype that integrates medical regulating and AE. TRAC2ES will support planning and execution of patient movement as well as in-transit visibility (ITV) for individual patients.

USAFE. United States Air Forces in Europe.

USAREUR. United States Army, Europe.

USCINCEUR. United States Commander-in-Chief, European Command.

USCINCCENT. United States Commander-in-Chief, Central ED Command.

USEUCOM. United States European Command.

USNAVEUR. United States Naval Forces, Europe.

USTRANSCOM. United States Transportation Command.

VSI. Very Seriously Ill.

WNR. Will Not Return.

WR. Will Return.